File with: Inc. Wish.

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines. Iowa 50319

Reset Form

Delbert Hull

IN ETHICS AND

Fax: 515-281-4073	DISCLOSURE S	UMMARY PAGE	2008 O (716 AM (3: 28
COMMITTEE NAME (Must be	e same as on Statement of Organiz				
Hull for Supervisor				FORM	1
(1)Statewide/Legislative/Judge (4)County Central Committee (5)	of committee you are reporting for: §	State PAC (3)State Party (7)School Board or Other Politic	eal C (DR-2 (Rev. 07/2007) For Office Use O	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Delberet Lee Hull	ONLY:	Political Party (if applicable) Republican		Logged In	
Office Sought County Supervisor		District (if Senate or House)			-
Late reports are subject to possi SIGNATURE OF PERSON FIL	ble civil and criminal penalties. Pursu	ant to lows Code sections 688.30 TELEPHONE	2A(7) and		andidate, for a
AM FILING A 10-15-8		REPORT FOR (1) ELECTIO	N /(2)NO	N-ELECTION YE	AR.
	eport date)	indicate by			
MCHECK IF AMENDMENT T	O REPORT DATED	.08	Local C	ommittees, enter D	ate of Election
Check if this is final (terminal) (You must continue to	ation) report and attach Notice of D o file reports until a DR-3 is filed.)	issolution Form DR-3.	County	nber 4, 08 & Local Committee lection is held y	s, enter County in
STATEM	ENT OF CASH ON HAND				
committee. This amo	ning of the reporting period. (Total ount MUST be the same as the cas period or must be zero if this is first	h on hand at the end		\$ 0.00	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD				
	ontributions total (Attach Schedule				
	Received total (Attach Schedule F)				
	ales of Campaign Property (Attach			-,- ,	
(Schedule !	d applies to Candidates' Commit	<u>ises Only)</u> SUB-TOTAL		\$ 5,032.90	
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			2 256 22	
Schedule B: Expend	litures total (Attach Schedule B) (**	aiso see debts and loans below	/)	3,756.73	
Schedule F: Loan R	epayments total (Attach Schedule I	F)			
CASH ON HAND at the end o	f this reporting period (if final report	balance must be zero)		s 1,276.17	
"UNPAID BILLS (From Sche	dule D - Altach Schedule D)		*******	\$ 715.16	
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedul	e E)	***********		
"OUTSTANDING LOANS (FI	om Schedule F - Attach Schedule	F)		s 5/B 48	92.90
CONSULTANT BREAKDOW	N (Schedule G Attached?)			YES	_NO
CANDIDATE COMMITTEES	ONLY:				
VALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Attach	Schedule H)	•	\$	
STATE COMMITTEES: Subm	nit a reconciled campaign account i	hank statement in January of ea	rch wear		

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY Expenditures
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Hull for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ED NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0-6-8	ID# CK#523	Harlan, Newspaper Harlan, IA.	Newspaper ad published on 9-5-8	\$ 225.00
0-11-8	ID# CK#524	Visa Omaha, NE.	Target Omaha- 'H' wires amd signs	169.00
0-11-8	ID# CK# 524	Visa Omaha, NE.	Kum & Go purchase of fuel on 9-13-8	57.50
0-11-8	ID# CK# ₅₂₄	Visa Omaha, NE.	Kum & Go purchase of fuel on 9-18-8	53.82
0-11-8	ID# CK#524	Visa Omaha, NE.	Kum & Go purchase of fuel on 9-23-8	24.61
0-11-8	ID# CK#524	Visa Omaha, NE.	Kum & Go purchase of fuel om 10-6-8	21.92
0-11-8	ID# CK# ₅₂₅	Fast Stop Harlan, IA.	Purchase of fuel	44.46
	1D# CK#			

TOTAL (if last page of this schedule)

\$ 3,756.73

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-reising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	4		4
Page	*	of	7

08 0	8:10a	Delbert Hull	712.782.4144	p.4
OR INS	TRUCTION	S, SEE BACK OF FORM	RESET	SCHEDULE LOANS
		(Must be same as on Statement of Organization)		(Rev. 02/08) RECEIVE
ull for	r Supervis	or		CHECK THIS BOX
		le reports money loaned to the committee which is deposited in the c	ommittee account.	AMENDING FORM
TAL U	JNPAID LO	ANS FROM <u>LAST</u> REPORTING PERIOD \$		
urt I -	MONETAI (Original s	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD nource of toan, such as a bank, must be shown if a third party is involved	red. Include loans from candid	ete's personal funds.)
RE	DATE CEIVED WDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5-	27-8	Delbert L. Hull 1914 1800th St., Kirkman, IA.	Self	^{\$} 1,000.00
6-	-2-8	Same	Self	100.00
7-	-10-8	Same	Self	1,738.83
7-	12-8	Same	Self	39.07
_			TOTAL (PART I)	\$ 2,877.90
PARTI	H - MONET (Loans)	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E In-kind Contributions.)		
	TE DAID	NAME AND ADDRESS OF LENDED	DELATIONSHIP TO	AMOUNT REPAID

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
			•

TOTAL CASH REPAYMENTS (PART II)	\$
From Schedule E - TOTAL LOANS FORGIVEN	\$
TAL OUTSTANDING LOANS END OF REPORT PERIOD	\$

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page_1	of 2
	(for Schedule F)

	IS, SEE BACK OF FORM	ļ	RESET	SCHEDULE F	LOANS
	(Must be same as on Statement of Organization)			(Rev. 02/08)	RECEIVE & REPAID
for Supervis This schedu	le reports money loaned to the committee which is deposited in the co	ommittee a	ccount.		THIS BOX NG FORM
IL UNPAID LO	ANS FROM <u>LAST</u> REPORTING PERIOD \$				
r I - Moneta (Original :	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third perty is involve	ed. includ	e loans from candi	date's personal i	funds.)
DATE RECEIVED (MM/DDYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ATIONSHIP TO ATE (If Applicable	*)	OF LOAN
8-14-8	Delbert L, Huli 1914 1800th St., Kirkman, IA.	Se	elf	^{\$} 15.0	0
9-29-8	Same	Se	elf	1,00	0.00
10-13-8	Same	Se	elf	1,00	0.00
					
		TOTAL	(PART I)	s 2,015.0	10
(Loens	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E — In-kind Contributions.)				
ART II - MONE (Loens DATE PAID (MM/DD/YR)	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RE	(PART I) LATIONSHIP TO DATE* (If Applicab	AMOUNT	r REPAID
(Loans	forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER	RE	LATIONSHIP TO	AMOUNT	
(Loans	forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER	RE	LATIONSHIP TO	AMOUNT	
(Loans	forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER	RE	LATIONSHIP TO	AMOUNT	
(Loans	forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER	RE	LATIONSHIP TO	AMOUNT	
(Loans	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	CANDI	LATIONSHIP TO DATE* (If Applicab	AMOUNT	
(Loans	forgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER	CANDI	LATIONSHIP TO DATE* (If Applicab ITS (PART II)	AMOUNT	Γ REPAID
(Loans	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	CANDII CANDII	LATIONSHIP TO DATE* (If Applicable TS (PART II) ORGIVEN	AMOUNT \$	Γ REPAID